

* Pay on #0111790

FS PAYMENT FORM

Discount Applied

☐

Vendor: Correctional Psychiatric Services - Line 5

Purchase / Service Order #: ER# 0114384 PO# 1031510

Code (check one): PRC ☒ GAX ☐ INP ☐ IB ☐

FS Approval Date	PM	Payment Document ID#	FS Staff	Scheduled Date	Payment Amt	CFO Initial
PK 11/13/25	1	26 Corr SFORS BR925 HCRC	CR	11/17/2025	563.20	g
	2					
	3	26 Corr Psyc SFOR MAT925	CR	11/17/2025	38,795.64	g
	4					
	5					
	6					
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	11					
	12					
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	14					
	15					
	16					
	17					
	18					
	19					
	20					

CPS Healthcare INVOICE FOR REIMBURSEMENT TO SUFFOLK COUNTY

INVOICE NUMBER: **SFORSBR9-25**

INVOICE PERIOD: **SEPTEMBER2025**

TODAY'S DATE: 10/20/25

TO: SUFFOLK COUNTY, BOSTON
SBHOC

FOR: HCRC GROUP COUNSELING

FROM: Correctional Psychiatric Services
300 Congress St. 405 Quincy, MA 02169

REIMBRUSEMENT

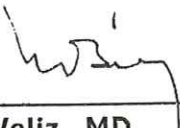
SEPTEMBER2025

\$563.20

Total:

\$563.20

PLEASE MAKE CHECK OR DIRECT DEPOSIT PAYABLE TO
CORRECTIONAL PSYCHIATRIC SERVICES


Jorge Veliz., MD.

Correctional Psychiatric Services

300 Congress St. 405 Quincy, MA 02169

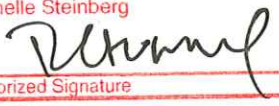
1.617.794.9977 (cell) (781) 8488-CPS (fax/phone).

www.cpshealthcare.org jveliz@cpscorporate.org

INSPECTION AND COMPLETION CERTIFICATE

I hereby certify that the services/goods specified above have been performed/received and inspected by me on the date(s) specified, that the quantities of materials are correct, and that performance and quality are satisfactory as noted. Date: 10/20/25

Rachelle Steinberg


Authorized Signature

INVOICE

CPS Healthcare
Suffolk County House of Corrections
300 Congress Street, Suite 405, Quincy, MA 02169

For: COMMUNITY HEALTH CARE
Payment Address: Dept D8119, PO Box 650002, Dallas, TX 75265
Service Address: 23 Bradson Street, Boston, MA 02118

Statement 10/8/25
Total \$563.20

Encounter #	Subscriber ID#	ID#	Client	Date of Birth	Charge	Date of Service	Service	Units	CPT Code
90229549	164227	H094357	Citrone, Michael	4/8/1983	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229742	106039	H097384	Liburdi, Paul	10/9/1971	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229579	148200	H095110	Dykens, Kenneth	7/6/1961	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229749	157996	H097420	MacInnes, Christopher	8/22/1982	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229414	177728	H092812	Saarinan, Erik	4/28/1979	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229937	157806	H099040	Pescione, Joseph	5/13/1986	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229532	106695	H093925	Walsh, Joshua	9/27/1987	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
90229891	167943	H098836	Qualls, Ronnie	1/20/1972	\$70.40	9/23/2025	Group counseling OTHE	2	H0005
					\$563.20				

CPS Healthcare INVOICE TO SUFFOLK COUNTY

INVOICE NUMBER: **SFORMAT9-25** ✓
INVOICE PERIOD: **SEPTEMBER2025** ✓
TODAY'S DATE: 10/6/25

TO: SUFFOLK COUNTY, BOSTON
NSJ AND SBHOC
FOR: MAT MANAGERS
FROM: Correctional Psychiatric Services
300 Congress St. 405 Quincy, MA 02169

MAT MANAGERS:

SEPTEMBER2025

\$38,795.64

Total:

\$38,795.64 ✓

PLEASE MAKE CHECK OR DIRECT DEPOSIT PAYABLE TO
CORRECTIONAL PSYCHIATRIC SERVICES

INSPECTION AND COMPLETION CERTIFICATE
I hereby certify that the services/goods specified above
have been performed/received and inspected by me on
the date(s) specified. That the quantities of materials are
correct, and that performance and quality are
satisfactory as noted. Date: 10/17/25 ✓
Rachelle Steinberg

Rachelle Steinberg
Authorized Signature

Jorge Veliz., MD.
Correctional Psychiatric Services
300 Congress St. 405 Quincy, MA 02169
1.617.794.9977 (cell) (781) 8488-CPS (fax/phone).
www.cpshealthcare.org jveliz@cpscorporate.org

Commonwealth of Massachusetts

Suffolk County Sheriff's Department
PURCHASE ORDER

FY26 P.O. Date: 06/30/2025 E/R Ref.#: 0114381 P.O.#: 1021510

Vendor: Correctional Psychiatric Services P.O. Box 1229 Sherborn, MA 01770-1229 Tax ID: 043237028 Quote No: RFRBD231098HOCSDS0280172 Contact Person: Jorge Velez Contact E-mail Addr: ENTER CONTACT E-MAIL ADDRESS		Ship To/Location: Suffolk County House of Correction (Deliveries: M thru F - 6 am - 1:00 pm) 20 Bradston Street Boston MA 02118 Attention: Patricia Sullivan (Facility) Division: HOC: 8111-27 Medical Services Tel. #: 617-635-1000 x2038 Contact Phone#: 508-647-6864 Contact Fax: ENTER CONTACT FAX
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THIS IS AN ORDER FOR THE FOLLOWING PRODUCTS/SERVICES:

Qty.	Unit	Description and Part#	Unit Price	Ext Price
1	EA	Health and Psychiatric Services for the House of Correction and Jail FY25 Portion JUNE 30 2025	55,225.00	55,225.00
11	Months	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26	1,679,758.00	18,477,338.00
1	EA	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26 6/1/26-6/29/2026	1,624,537.00	1,624,537.00
1	EA	maintenance, repairs and replacement equipment for medical and dental. FY26	30,000.00	30,000.00
1	EA	HCRC Groups FY26	12,000.00	12,000.00
12	months	MAT Managers FY26	38,795.64	465,547.68

REMIT TO: SUFFOLK COUNTY SHERIFF'S DEPARTMENT

Financial Services Division
20 Bradston Street
Boston, MA 02118

Subtotal 20,664,647.68

Total 20,664,647.68

This purchase order is only valid for the listed goods and services that are delivered to the SCSD on or before the period-end date (FY 06/30/2026) or the contract end-date

Delivery Instructions: Deliver AS SOON AS POSSIBLE

Tax Exempt? YES

Terms: Net 45 (Business Days)

State Tax Exemption#: 046-002-284

SCSD FINANCIAL SERVICES:

Authorizing Signature:



Date: 6/30/25

Div. Code:

HOC: 8111-27 Medical Services

Budget (Approp):

89108800: Suffolk Sheriff

MMARS Code:

R21

NOTES:

As part of the Vendor's obligations in this contract, the Vendor acknowledges that they are bound to follow the guidelines and standards of the Prison Rape Elimination Act (28 C.F.R. 115).